BEST AVAILABLE CUPY

| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application of Doctor Number 100/0530 | | | | | | | | | | | | |
|---|--|---|--------------|--------------------------------|--------------------|------------------|--|---------------------|------------------------|-----|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| TOTAL CLAIMS | | | 13 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NAMER FLED | | MAGER EXTRA | | | BASIC FEE | 355.00 | ОЯ | BASIC FEE | · 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 2) minus 20= | | • 3 | | | X\$ 9= | | OR | X\$18= | 54 |
| NO. | EPENDENT CL | AIMS | 7 minus 3= | | 8 | | | X40= | | OR | X80= | _ |
| MAU | TIPLE DEPEN | DENT CLAIM P | REGENT | | | | | +135= | | CR | +270= | |
| " If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 764 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | 3 | OTHER | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | RO | SMALL | ENTITY |
| MTA | | CLAIMS REMAINING AFTER AMENDMENT | | HUGH NUM PREVA PASO | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT A | Total | .22 | Minus | ٠, | 13 | -/ | | X5 9= | | OR | X\$18= | |
| | tridependent | · 3 | Minus | ••• | 3_ | 7 | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | 7 | OR | +270= | |
| - 50 26 | | | | | | | | TOTAL | -! | | YOTAL | / |
| 7-5-05 (Column 1) (Column 2) (Column 3) | | | | | | | | | | JOA | ADOTT. FEE | |
| ENT B | | CADIS HICE REMAINING MAL AFTER PRE- | | HIGH NLM PREVI | HEST PRESENT EXTRA | | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| è | Total | .22 | Minus | -2 | <u>3_</u> | - / | | X\$ 9= | ſ | OR | X\$18= | 1 |
| AMENDMENT | Independent | | | # 2 | <u> </u> | <u> </u> | | X40= | 7 | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | 1 | OR | +270= | 7 |
| | | | | | | | | YOTAL ADDIT, FEE | | OR | TOTAL ADDIT, FEE | 4 |
| 13 | 121/05 | 2 / 05 (Column 1) (Column 2) (Column 3) | | | | | | | | _ | | |
| COMENT C | asigni in i | CLAIMS REMAINING AFTER AMENOMENT | | HIGH NEAM PREVIO PAID | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | : RATE | ADDI TIONAL FEE |
| | Total | .22 | Minus | 2 | -3 | -/_ | | X\$ 9= | | OR | X\$18= | ./ |
| AMENDI | Independent | • 3 | Minus | ••• | 3 | -/ | | X40= | - / | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / | | | | | | | | | | 1270- | // |
| * If the entry in column 1 is less than the entry in column 2, write "O' in column 3. * If the entry in column 1 is less than the entry in column 2, write "O' in column 3. * If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

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